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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/685,369	10/10/2000	Jeff Tucker	TUCK002	3981

37334 7590 03/23/2004

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EXAMINER

PORTER, RACHEL L

ART UNIT PAPER NUMBER

3626

DATE MAILED: 03/23/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/685,369

Applicant(s)

TUCKER, JEFF

Examiner

Rachel L. Porter

Art Unit

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 10 October 2000.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-12 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-12 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date <u>3</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the application filed 10/10/00. Claims 1-12 are pending. The IDS filed 10/10/00 has been entered and considered.

Specification

37 C.F.R. 1.52 provides the following guidance regarding the content and format of the specification:

(2) The specification (including the abstract and claims) for other than reissue applications and reexamination proceedings, and any amendments for applications (including reissue applications) and reexamination proceedings to the specification, except as provided for in §§ 1.821 through 1.825, must have:

- (i) Lines that are 1 1/2 or double spaced;
- (ii) Text written in a nonscript type font (e.g., Arial, Times Roman, or Courier) lettering style having capital letters which are at least 0.21 cm (0.08 inch) high; and
- (iii) Only a single column of text.

2. The disclosure is objected to because it incorporates figures/drawings in the text of the specification, and therefore does not comply with the standards provided above.

It is noted that a set of drawings has also been separately submitted in accordance with 37 CFR 1.84 (i.e. in addition to those provided in the Detailed Description of the Preferred Embodiment). Therefore, the Examiner suggests removing the incorporated drawings/figures from the text of the Detailed Description.

Appropriate correction is required.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1-6 and 10-12 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans (USPN 5,924,074) in view of McCormick (USPAP 2002/0120573).

[claim 1] Evans teaches a system for prescribing medications through the Internet comprising:

1. (a) a secured, interactive website for entering and retrieving medical prescriptions, the website accessible via the Internet by a general use computer;
(Evans: Figure 24; col. 12, line 55-col. 14, line 25)
2. (c) the secured website of (a) further secured by limiting access to medical personnel having an authorized I.D.; (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15, line 32)
3. (d) a remote dedicated server connected to the Internet with access limited to users having the authorized I.D.'s of (c), the remote server comprising computer hardware capable of storage of data for the website of (a); (col. 12, line 56-col. 13, line 56; col. 14, line 62-col. 15, line 32)
4. (e) a high security Internet service provider connected to the remote server for providing access to website by personnel authorized according to (c) (e.g. server(s) to provide restricted access via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

5. (f) means for creating a patient file with patient identifying information, if necessary; (col. 2, line 22-col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)
6. (g) means for entering patient prescription information into patient file; (col. 11, lines 65-col. 12, line 35; Figure 19)
7. (h) means for retrieving patient prescription information from patient file; (Figure 11; col. 7, line 65-col. 9, line 14; col. 10, line 59-col. 11, line 9)
8. (i) means for entering data regarding filling of prescription in patient file; (Figures 21-22; col. 10, line 59-col. 11, line 9)
9. (g) means for logging off patient file screen so as to secure patient information. (Figures 2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a system for providing prescription information that is implemented over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as explained above, but does not expressly disclose that the website/Internet access is secured by encryption. However, Evans does disclose several security features to limit access to patient medical information (i.e. tiered password systems; restricted access to patient records based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system for healthcare professionals that includes a website secured by encryption. (par. 60,87-96; 110-117) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to secure the website for accessing patient data using encryption. As suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality is maintained (par. 62)

Also, Evans discloses a system for providing restricted access to authorized healthcare professionals, but does not expressly disclose that the system provides authorized ID's to pharmacy personnel. However, Evans does teach a system that transmits prescription data to pharmacies. (col. 10, line 59-col. 11, line 9) McCormick teaches a system including authorized user ID's for healthcare professionals including pharmacists (pages 5-9, par. 89, 98, 105-109). At the time of the Applicant's invention it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to include authorized user ID's for pharmacy personnel. As suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality (e.g. regarding prescription information) is maintained (par. 62).

[claim 2] Evans teaches a system wherein the website provided in (a) further comprises Internet links to one or more drug information databases comprising drug history, adverse reactions to drugs, interactions between two or more prescribed medications. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11, line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

[claim 3] Evans teaches a system wherein the website further comprises a database of patient medication history. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 11, line 65-col. 12, line 34; col. 12, line 56-col. 14, line 25)

[claim 4] Evans teaches a system wherein the remote dedicated server and the Internet system providers are the different computer hardware systems. (col. 12, line 56-col. 14, line 25)

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[claim 5] Evans teaches a system wherein the means for creating a patient file comprises a screen for entering identifying information selected from a group comprising: patient name, patient social security number, patient driver's license, patient I.D. code or a combination thereof. (Figures 3,12-15a; col. 2, line 22-col. 3, line 23; col. 5, line 56-col. 7, lines 14; col. 7, line 65-col. 9, line 14)

[claim 6] Evans and McCormick teach the system of claim 1 as explained in the rejection of claim 1. Evans further teaches a system including authorized user I.D. (col. 14, lines 42-50, line 62-col. 15, line 32), but does not expressly disclose the form or content of the authorized user ID. McCormick teaches a system wherein the authorized I.D. is includes personal codes or identification numbers (par. 60-31,98-103 and 105-109). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Evans with the teaching of McCormick to use personal codes or identification numbers as authorized user ID's. One would have been motivated to include this feature to maintain patient confidentiality (see McCormick: par. 62) and to provide a complete audit trail for all patient data. (Evans: col. 14, lines 42-50).

[claim 10] Evans teaches a system for storing medical patient records on a secured website comprising:

10. (a) a secured, interactive website for entering and retrieving a patient's medical data, the website accessible via the Internet by a general use computer; (Evans: Figure 24; col. 12, line 55-col. 14, line 25)

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11. (c) the secured website of (a) further secured by limiting access to medical personnel having an authorized I.D. code; (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15, line 32)

12. (d) a remote dedicated server connected to the Internet with access limited to users having the authorized codes of (c), the remote server comprising computer hardware capable of storage of data for the website of (a); (col. 12, line 56-col. 13, line 56; col. 14, line 62-col. 15, line 32)

13. (e) a high security Internet service provider connected to the remote server for providing access to website by personnel authorized according to (c); (e.g. server(s) to provide restricted access via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

14. (f) means for creating a patient file with patient identifying information; (col. 2, line 22-col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)

15. (g) means for entering patient prescription into patient file created in (f); (Figures 21-22; col. 10, line 59-col. 11, line 9)

16. (h) means for entering data regarding changes to patient file; (Figures 21-22; col. 7, lines 5-64; col. 10, line 59-col. 11, line 9)

17. (i) means for logging off patient file screen so as to secure patient information. (Figures 2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a system for providing prescription information that is implemented over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as previously explained, but does not expressly disclose that the website/Internet access is secured by encryption.

However, Evans does disclose several security features to limit access to patient

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medical information (i.e. tiered password systems; restricted access to patient records based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system for healthcare professionals that includes a website secured by encryption. (par. 60,87-96; 110-117) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to secure the website for accessing patient data using encryption. As suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality is maintained (par. 62)

[claim 11] Evans teaches a system wherein the website provided in (a) further comprises Internet links to one or more medical information databases comprising current therapy and medical treatment for medical diseases and disorders. (Figures 21-22, 24; col. 7, lines 41-col. 8, line 18; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11, line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

[claim 12] Evans teaches a system of claim 10 wherein the website provided in (a) further comprises Internet links to one or more drug information databases comprising drug history, adverse reactions to drugs, interactions between two or more prescribed medications. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11, line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

5. Claims 7-8 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans and McCormick, in view of Mayaud.

[claim 7] Evans and McCormick teach the system of claim 1 as explained in the rejection of claim 1. Evans and McCormick also teach the use of authorized user ID's

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(Evans: col. 14, lines 42-50, line 62-col. 15, line 32/ McCormick: par. 60-31,98-103 and 105-109), but do not expressly disclose that the user ID's include eye scan, thumb scan, hand scan or finger print scan. Mayaud teaches a system wherein the authorized ID's include thumb scan, hand scan or finger print scan. (col. 17, lines 54-59) At the time of the Appliant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Evans and McCormick to use thumb scan, hand scan or finger print scan as authorized user ID's. As suggested by Mayaud, one would have been motivated to include this feature to prevent unauthorized access to a patient's data or to a physician's prescribing profiles. (col. 17, lines 22-29)

[claim 8] Evans and McCormick teach the system of claim 1 as explained in the rejection of claim 1. Evans and McCormick also teach the use of websites and the Internet for healthcare professional to access a plurality of resources, but do not expressly disclose that website comprises internet links to insurance health insurance providers. Mayaud teaches an Internet-implemented system which provides links to health insurance providers (Figure 16; col. 8, lines 49-67; col. 18, lines 42-57; col. 48, lines 1-28; col. 48, lines 52-col. 49, lines 66) At the time of the Appliant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Evans and McCormick to include website links to health insurance providers. As suggested by Mayaud, one would have been motivated to include this feature to reduce physician treatment errors by providing access to information on patient benefits (col. 53, lines 35-52).

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6. Claim 9 is rejected under 35 U.S.C. 103(a) as being unpatentable over Evans and McCormick in view of Boyer (USPN 5,907,493)

[claims 9] Evans teaches a process for prescribing medications through the Internet comprising:

18. (a) providing a secured, interactive website for entering and retrieving medical prescriptions, the website accessed by a general use computer connected to the Internet; (Evans: Figure 24; col. 12, line 55-col. 14, line 25)

19. (c) further securing the website of step (a) by limiting access to medical personnel having an authorized I.D. (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15, line 32)

20. (d) storing data for the website of step (a) on a remote dedicated server computer system connected to the Internet, the remote dedicated server being limited to access by users having the authorized I.D. of step (c); (col. 10, line 59-col. 11, line 9; col. 12, line 55-col. 13, line 56; col. 14, line 62-col. 15, line 32)

21. (e) connecting a high security Internet service provider comprising a computer hardware system to the remote dedicated server of step (d) to provide access to website for personnel authorized according to step (c); (e.g. server(s) to provide restricted access via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

22. (f) accessing a patient file, if available; (col. 5, line 56-col. 6, line 54; col. 11, lines 65-col. 12, line 35; Figure 19)

23. (g) creating a patient file, if not available according to step (f), the patient file comprising patient identifying information, the identifying information selected from a

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group comprising: patient name, patient social security number, patient driver's license, patient I. D. code or a combination thereof; (col. 2, line 22-col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)

24. (h) entering a prescription into patient file; (col. 11, lines 65-col. 12, line 35; Figure 19)

25. (i) retrieval of prescription entered into patient file (Figs. 13, 21; col. 2, lines 22-66)

26. (j) entering data regarding filling of prescription in patient file; (Figures 21-22; col. 10, line 59-col. 11, line 9)

27. (k) logging off patient file screen to secure patient information. (Figures 2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a method for providing prescription information that is implemented over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as previously explained, but does not expressly disclose that the website/Internet access is secured by encryption. However, Evans does disclose several security features to limit access to patient medical information (i.e. tiered password systems; restricted access to patient records based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system for healthcare professionals that includes a website secured by encryption. (par. 60,87-96; 110-117) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to secure the website for accessing patient data using encryption. As

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suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality is maintained (par. 62).

Also, Evans discloses a system for providing restricted access to authorized healthcare professionals, but does not expressly disclose that the system provides authorized ID's to pharmacy personnel. However, Evans does teach a system that transmits prescription data to pharmacies. (col. 10, line 59-col. 11, line 9) McCormick teaches a system including authorized user ID's for healthcare professionals including pharmacists (pages 5-9, par. 89, 98, 105-109). At the time of the Applicant's invention it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to include authorized user ID's for pharmacy personnel. As suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality (e.g. regarding prescription information) is maintained (par. 62).

Evans and McCormick teach a method for providing encrypted website access as previously described. Evans further discloses that information/prescriptions may be transmitted to a pharmacy (col. 11, lines 1-9), but do not expressly disclose that pharmacy personnel retrieve of the prescription in entered into patient file. Boyer teaches a system wherein pharmacy personnel retrieve prescription information entered into a patient file (Figures 1b and 1c; col. 5, line 36-col. 6, line 51). At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Evans and McCormick with teaching of Boyer to have pharmacy personnel retrieve prescription information entered into the patient file. One

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would have been motivated to include this feature to minimize treatment and drug dispensing errors by allowing the pharmacies to directly access the prescription information as entered by the prescriber.

Conclusion

28. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Moshfeghi et al (WO 98/32076) teach a system and method for creating customized websites for hospital personnel.
- Maus et al (USPN 6,602,469) teaches a system and method for providing secured access to patient records via the Internet.


Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703)305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RP
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